

WISCONSIN EMERGENCY MANAGEMENT

Training and Exercise Section

INSTRUCTOR INVOICE

FOR PROFESSIONAL SERVICES

ing Course:	Da	ite(s)•	
ing Location:			
Bill To:			
Attn: Gary Wieczorek, Supervisor	Instructor Name:		
Wisconsin Emergency Management	Address:		
2400 Wright Street, Madison, WI 53707	Phone:		
Phone #: (608) 242-3213	Tax ID #:		
Fees	Item	Date(s)	Amount
Instructor Fees (up to \$45 an hour)	N/A	Hours:	
Meals Day 1	Breakfast		
(receipts not needed)	Lunch		
	Dinner		
Day 2	Breakfast		
	Lunch		
	Dinner		
Day 3	Breakfast		
	Lunch		
	Dinner		
	N	Ieals Sub Total	\$
Departure Time From Home	AM / PM		N/A
Return Time Back to Home	AM / PM		N/A
Miscellaneous Expenses (receipt(s) attached)			
Lodging (receipt(s) attached)	N/A		
Mileage	Miles @ .51		

This claim represents reasonable and actual expenses necessarily incurred by me personally in the performance of official duties and no portion was previously reimbursed to me by State or any other source. I have attached training sign in sheet(s) and evaluations to this invoice for submittal.

Instructor Signature

Instructors:

Please use these rates when claiming reimbursement.

MEAL	LEAVE	RETURN	MAXIMUM			
	BEFORE	AFTER				
BREAKFAST	6:00 AM	NA	\$8.00			
LUNCH	10:30 AM	2:30 PM	\$10.00			
DINNER	NA	7:00 PM	\$20.00			
 No reimbursement is allowed for alcoholic beverages. 						
Maximums include tip and taxes.						
Per Night Lodging (Excludes tax)		Most In-State	Milwaukee, Waukesha, & Racine Counties			
Maximum per night		\$70.00	\$80.00			
Reimbursement is limited to the single rate for a single room.						
 Lodging receipts must be attached to the travel claim. 						
Transportation						
Mileage .51 per mile						

- Please note expenditures are reimbursed at State rates.Reimbursement will not be provided unless class sign in sheets and evaluations are attached.